

REC'D JAN 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44193

Do not use this space.

1. PLACE OF DEATH

(a) County PulaskiRegistration District No. 716(b) Township TammPrimary Registration District No. 5945Registered No. 19(c) City 1(d) Street No. Tutt

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary LeVina Tutt(a) Residence, No. 300 Pulaski County, Mo. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF Marion Tutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

FEB. 4, 1878.

7. AGE

YEARS

60

MONTHS

10

DAYS

7

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as saw mill, bank, etc.

At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hancock, Mo. O

FATHER

13. NAME James H. Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marion County, Mo. O

MOTHER

15. MAIDEN NAME Bettie M. Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marion Co. Mo. O

17. INFORMANT (ADDRESS)

Lawrence Tutt
Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crocker Cem.DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (ADDRESS)

J. L. HOOPS & SONS
Crocker, Mo.20. FILED 12/1219. 39193812/12

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 20, 1938, to Dec. 11, 1938I last saw her alive on Dec. 11, 1938. Death is saidto have occurred on the date stated above, at 12:00 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of uterus
4 1/2
1937

Other contributory causes of importance:

untreated

Name of operation

Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1938Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. Blalock, M. D.(Address) Crocker, Mo.

STATEMENT BY LICENSED EMBALMER

I, Paul B. Hoops, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3261 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul B. Hoops

Licensed-Embalmer No. 3261

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)